PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: <u>Mail</u>

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2880

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patest, advance orders and notification of maintenance fees will be mailed to the current correspondence address as an included unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate *FEE ADDRESS* for

| indicated unless correct maintenance fee notifica | ed below or directed of | herwise in Block 1, by (| a) specifying a new corre | spondence address; | and/or (b) indicating a sepa | | |
|--|---|--|--|---|--|---|--------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. | | | |
| 3000 | 7590 05/18 | 8/2007 | nav | | | | |
| CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD. 11TH FLOOR, SEVEN PENN CENTER | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| 1635 MARKET | | | : J | Joseph, F. Murphy | | (Depositor's name) | |
| PHILADELPHIA, PA 19103-2212 | | | | Goral T | .7 | (Signature) | |
| | | | M | lay 25, 20 | 07 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | . T. | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/510,435 | 10/06/2004 | | Reddy Bandi Parthasaradh | ii | H1089/20020 | 8864 | |
| TITLE OF INVENTION: NOVEL POLYMORPHS OF TOLTERODINE TARTRATE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 . | \$300 | \$0 | \$1000 | 08/20/2007 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| O SULLIVAN, PETER G | | 1621 | 514-648000 | - | | | |
| 1. Change of correspond CFR 1.363). | ence address or indication | on of "Fee Address" (37 | 2. For printing on the patent front page, list | | | | |
| | ondence address (or Cha | inge of Correspondence | (1) the names of up to 3 registered patent attorneys 1_CAESAR, RIVISE, or agents OR, alternatively, | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed in the property of the propert | | | | |
| | | | | | | | 3. ASSIGNEE NAME A |
| PLEASE NOTE: Uni recordation as set fort | less an assignee is ident h in 37 CFR 3.11. Com | ified below, no assignee | data will appear on the p | atent. If an assignee | s is identified below, the de | ocument has been filed for | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| HETERO I | RUGS LIMITE | ED | HYDERABAD, | INDIA | • | | |
| | | | _ | | | _ | |
| Please check the appropr | iate assignee category or | categories (will not be pr | rinted on the patent): | Individual L Con | poration or other private gro | up entity Government | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | |
| Issue Fee | | | A check is enclosed. | | | | |
| Advance Order - | To small entity discount p | permitted) | Payment by credit car The Director is hereby | ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.3—0.07.5. (enclose an extra copy of this form). | | | |
| | | | overpayment, to Depo | sit Account Number | 03-0075 (enclose as | extra copy of this form). | |
| 5. Change in Entity Sta | tus (from status indicate s SMALL ENTITY statı | | Dh. Ameliaans ia na Ian | | ENTITY status. See 37 CF | ID 1 07(-)(D) | |
| | | | | | | | |
| interest as shown by the | records of the United Sta | tes Patent and Trademark | Office. | | ered attorney or agent; or th | | |
| Authorized Signature | Joseph J. | my | | Date <u>Ma</u> | y 25, 2007 | | |
| Typed or printed nam | | | | | 58,313 | | |
| This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virsinia 223 | ation is required by 37 C tiality is governed by 35 1 application form to the ons for reducing this but iriginia 22313-1450. DC 13-1450. | FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR (| on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO | ctain a benefit by the imated to take 12 mi idual case. Any com ir, U.S. Patent and To D THIS ADDRESS. | e public which is to file (and inutes to complete, includin uments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner f | by the USPTO to process g gathering, preparing, and ne you require to complete atment of Commerce, P.O. for Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.